

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-42	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

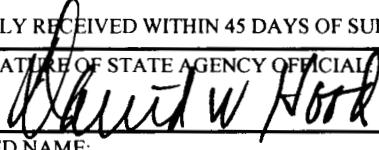
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY <u>2004</u> (\$528.92) b. FFY <u>2005</u> (\$524.23)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: * Attachment 4.19-B, Item 6, Pages 2, 3, 4 Delete Attachment 4.19-B, Item 6, Pages 5, 6, 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (90-22) Same (90-22)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to avoid federal sanctions by complying with the mandates of the Health Insurance Portability and Accountability Act and to avoid a budget deficit in the medical assistance programs.**

11. GOVERNOR'S REVIEW (Check One):

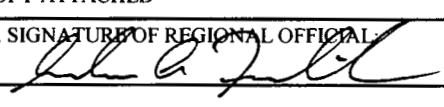
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 17, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 22 DECEMBER 2003	18. DATE APPROVED: 10 FEBRUARY 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 OCTOBER 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS: **Pen + Ink Changes Per E-Mail from State dated 2/3/04**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 6, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 6 (cont'd)

Anesthetists

I. Reimbursement Methodology

- A. Reimbursement for anesthesia services shall be provided to anesthesiologists and certified registered nurse anesthetists (CRNAs) (both independent and hospital based) who are licensed in the state in which they practice under the same methodology utilized for anesthesiologists. Payment for anesthesia services shall not be duplicated.
- B. Public and private providers of anesthesia services will be reimbursed pursuant to the same published fee schedule contained in the services provider manual.
- C. Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered nonmedically directed and should be billed as such by the CRNA.

D. Maternity Related Anesthesia Services

Maternity related anesthesia services will be reimbursed on a flat fee basis differentiated by who personally administers the anesthesia – the anesthesiologist, the CRNA, or the surgeon/delivering physician. The only exception is general anesthesia for vaginal delivery which will continue to be reimbursed according to base and time units.

Providers will be reimbursed according to a published fee schedule contained in the services provider manual

The surgeon or delivering physician will be reimbursed when he initiates the epidural procedure with inclusion of the appropriate procedure code modifier.

The anesthesiologist or CRNA who is called in to continue administering the anesthesia after the epidural was inserted will be reimbursed for the continued administration of the anesthesia.

SUPERSEDES TN- 90-22

STATE <u>Louisiana</u>	A
DATE REC'D <u>22 Dec 03</u>	
DATE APP'D <u>10 Feb 04</u>	
DATE EFF <u>1 Oct 03</u>	
HCFA 179 <u>03-92</u>	

TN# 03-92 Approval Date 10 Feb 04 Effective Date 1 Oct 03
Supersedes
TN# 90-22

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Anesthesiologists and/or CRNAs may not bill for both continued administration and general anesthesia.

II. Standards for Payment

- A. Anesthesiologist means a physician licensed by the Louisiana State Board of Medical Examiners and currently certified by the American College of Anesthesiology.
- B. Certified registered nurse anesthetist (CRNA) means a person who:
1. is a registered nurse licensed by the Louisiana State Board of Nursing;
 2. has met any other Louisiana licensure requirements applicable to non-physician anesthetists; and
 3. is currently certified by either the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists.
- C. Anesthesiologists and certified registered nurse anesthetists must be enrolled as Medicaid providers in order to be directly reimbursed for their services.

SUPERSEDES TN# 90-22

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